

CREDIT CARD CHARGE REQUEST

State Form 53426 (3-08)

Approved by State Board of Accounts, 2008

INDIANA DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
FIRE AND BUILDING CODE ENFORCEMENT
302 W. Washington Street, Room E241
Indianapolis, IN 46204
Telephone: (317) 232-222
Fax: (317) 233-0307

INSTRUCTIONS:

1. Check appropriate box
2. Form shall be completely filled out
3. Fax completed form to fax number listed in box

Type:	<input type="checkbox"/> Personal Credit Card	<input type="checkbox"/> Corporate Credit Card
INFORMATION ABOUT THE INDIVIDUAL (To be completed only if Personal Credit Card is checked)		
Name (first, middle initial, last)		
INFORMATION ABOUT THE CORPORATION (To be completed only if Corporate Credit Card is checked)		
Name of company		
Billing address of company (number and street/P.O. box, city, state, and ZIP code)		
Telephone number ()		

CREDIT CARD INFORMATION	
Type of Credit Card:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Account number	CVV2 number
Expiration date (month, day, year)	Amount to be charged

AFFIRMATION	
By signing this form, card member agrees to the obligations set forth by the Card Member's Agreement with the card issuer.	
Signature of card member	Date signed (month, day, year)

FOR OFFICE USE ONLY		
Certificate number	Fee identification number	Date received stamp (month, day, year)